

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Allstate Insurance Company PAC

ADDRESS (number and street) ▼

2775 Sanders Road Suite A2W

☐ Check if different than previously reported. (ACC)

Northbrook

IL

60062

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00040253

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mario Rizzo

Signature of Treasurer

Mario Rizzo

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y Y 01 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		18587.52
(b) Cash on Hand at Beginning of Reporting Period.....	18587.52	
(c) Total Receipts (from Line 19)	20101.41	20101.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	38688.93	38688.93
7. Total Disbursements (from Line 31)	9688.99	9688.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28999.94	28999.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 / 01 / 2014

To:

M M / D D / Y Y Y Y
01 / 31 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1306.92

1306.92

(ii) Unitemized

18794.49

18794.49

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

20101.41

20101.41

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

20101.41

20101.41

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

20101.41

20101.41

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

20101.41

20101.41

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	188.99	188.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	188.99	188.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	9500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9688.99	9688.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9688.99	9688.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20101.41	20101.41
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20101.41	20101.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	188.99	188.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	188.99	188.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City
LINDENHURST

State Zip Code
IL 60046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-PRD-Regional Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.76

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2014

Transaction ID : A2014-36082

Amount of Each Receipt this Period

133.38

Full Name (Last, First, Middle Initial)

B. SUSAN L LEES

Mailing Address 1705 DARTMOUTH LN

City
DEERFIELD

State Zip Code
IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-LGL-Gen'l Counsel & C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2014

Transaction ID : A2014-36022

Amount of Each Receipt this Period

102.00

Full Name (Last, First, Middle Initial)

C. Katherine A Mabe

Mailing Address 2750 Commons Drive

City
Glenview

State Zip Code
IL 60026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

PRES-B2B-Business to Busi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.84

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2014

Transaction ID : A2014-36316

Amount of Each Receipt this Period

111.92

SUBTOTAL of Receipts This Page (optional)..... ►

347.30

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City
WHEATON

State Zip Code
IL 60189

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SMT-FSS-Chief Financial O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.92

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2014

Transaction ID : A2014-36158

Amount of Each Receipt this Period

138.46

Full Name (Last, First, Middle Initial)

B. STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City
WADSWORTH

State Zip Code
IL 60083

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-FSS-Chief Risk Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.76

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2014

Transaction ID : A2014-36049

Amount of Each Receipt this Period

140.38

Full Name (Last, First, Middle Initial)

C. THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City
CHICAGO

State Zip Code
IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.85

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2014

Transaction ID : A2014-19959

Amount of Each Receipt this Period

253.85

SUBTOTAL of Receipts This Page (optional)..... ►

532.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City
CHICAGO

State Zip Code
IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.70

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2014

Transaction ID : A2014-36228

Amount of Each Receipt this Period

253.85

Full Name (Last, First, Middle Initial)

B. Matthew E Winter

Mailing Address 70 Ferncliff Drive

City
West Hartford

State Zip Code
CT 06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
EVP-PC-Pres Auto Home &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.16

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2014

Transaction ID : A2014-36312

Amount of Each Receipt this Period

173.08

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

426.93

1306.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Bill Nelson for Senate

Mailing Address 426 C Street NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contribution

011

Candidate Name

Bill NelsonCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Transaction ID : B486177

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lincoln PAC

Mailing Address 209 Pennsylvania Avenue SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Transaction ID : B486175

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bill Foster for Congress

Mailing Address 499 S. Capitol Street SW Suite 422

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

William G FosterCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Transaction ID : B486164

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Gutierrez for Congress

Mailing Address 236 Massachusetts Avenue NE Suite

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contribution

011

Candidate Name

Luis GutierrezCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Transaction ID : B486173

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Quigley for Congress

Mailing Address 38 Ivy Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

Mike QuigleyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Transaction ID : B486162

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ann Wagner for Congress

Mailing Address P.O. Box 50

City	State	Zip Code
Ballwin	MO	63022

Purpose of Disbursement
Contribution

011

Candidate Name

Ann WagnerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Transaction ID : B486176

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

A. Crowley for Congress

Mailing Address 410 First Street SE Suite 410

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

Joseph CrowleyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2014

Transaction ID : B486179

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends for Gregory Meeks

Mailing Address 499 South Capitol Street SW Suite

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

Gregory W MeeksCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2014

Transaction ID : B486159

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pioneer PAC

Mailing Address 217 Third Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2014

Transaction ID : B486178

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

9500.00